

2. Evaluation or treatment of subluxation of the feet, regardless of underlying pathology. (Subluxation are structural malalignments of the joints other than fractures or complete dislocations that require treatment only by non-surgical methods).

3. The evaluation and treatment of flattened arches (including the prescription of supportive devices) regardless of the underlying pathology; exceptions:

a. Treatment of warts is not excluded;

b. Treatment of mycotic toe nails maybe covered if it is furnished not more often than 60 days or the billing physician documents the need for more frequent treatment;

The same services though would be covered if they are furnished:

1. As an incident to, at the same time as, or as a necessary integral part of a primary covered procedure performed on the foot; or

2. As initial diagnostic services (regardless of the resulting diagnosis) in connection with a specific symptom or complaint that might arise

from a condition whose treatment would be covered.

Prior authorization is required for services outside of the scope of this provision.

6.b. Optometrist's Services

Optometric services are those services provided by an optometrist who is licensed and which are within the scope of his or her practice as defined by law.

A. Provider Eligibility Requirements

To participate as a provider in the Medicaid Program, an optometrist must be licensed to practice optometry by the Guam Board of Optometry.

1. The optical store must provide Medicaid a list of optometrists who are allowed to issue prescriptions under the store's name and a copy of their license.
2. Medicaid reserves the right to refuse eyeglasses prescription issued to optometrists not included in the above list for that particular optical store.

3. Eyeglasses prescribed by the optometrist must improve the client's vision. Based on complaints from the client regarding the problem of reading with the prescription, Medicaid reserves the right to bar that particular optometrist from participating in the program after a thorough investigation.

B. Benefit Limitations

1. Covered Services

- a. Refractive eye examination once every two (2) years or when necessary by screening. Prior authorization is required.

When billing Medicaid, a copy of the prior authorization must be attached to the claims.

- b. Prescription eyeglasses following examination.

6.c. Chiropractor's Services

Not provided.

6.d. Other Practitioner's Services

Not provided.

7. Home Health Services

A. Provider Eligibility Requirements

A participating Home Health Agency is a public or private agency or organization which meets the following requirements:

1. Certification as a Home Health Agency under Title XVIII Medicare Program.
2. Approval for participation as a Home Health services provider by the Guam Medicaid Program.

B. Benefit Limitations

1. Covered Services

- a. Nursing Care when ordered by and included in the attending physician's plan of treatment and provided by or under the direct supervision of a licensed nurse (Registered Nurse, Licensed Practical Nurse) on an intermittent or part-time basis.

- b. Personal care services provided by a home health aide under the supervision of a registered nurse when determined medically necessary by the physician as part of the patient's treatment plan.
- c. Medical supplies when provided in conjunction with a home care treatment plan.

The following are covered medical supplies when prescribed by physicians. (A referral from the Home Care Program is required before a prior authorization can be issued by Medicaid. When billing Medicaid, a copy of the prior authorization must be attached to the claim).

- 1) Dressing supplies (combined 4 x 4 x 2 x 2s gauze pads, elastic bandages, porous tapes, etc.).
- 2) Ostomy supplies (original sets, replacement and ongoing care supplies).
- 3) Urinary appliances (sterile foley catheters, irrigation sets,

catheterization sets, bags, tubes, etc.).

4) Supports and abdominal binders (not to include braces).

5) Syringes and needles.

d. Durable medical equipment and appliances when provided in conjunction with a current home care treatment plan. Medicaid will review and approve the most appropriate and economical method (rental or purchase) of meeting the recipient's needs on a planned basis. Periodic rental payments will end when medical necessity for the equipment no longer exists or when the total payments equal the reasonable purchase costs, whichever comes first. Equipment will be authorized for purchase if it is determined that purchase is more practical or less costly than periodic rental payments.

The following medical equipment is covered when prescribed by physicians as part of the patient's home care treatment plans. (A referral from the Home Care Program is

required before prior authorization is issued by Medicaid. When billing Medicaid, a copy of the prior authorization must be attached to the claim).

- 1) Non-electric wheelchairs
- 2) Crutches
- 3) Walkers
- 4) Non-electric hospital beds
- 5) Bedside rails
- 6) Bedpan or urinal

2. Not Covered Services

- a. Medical social services
- b. Speech and physical therapy
- c. Occupational therapy
- d. Homemaker services

e. Chore services

8. Private Duty Nursing Services

Not provided.

9. Clinic Services

Clinic services are preventive, diagnostic, therapeutic, rehabilitative or maintenance items or services furnished under the direction of a licensed professional practitioner (physician, dentist, optometrist) in a facility not administered by a hospital but organized and operated to provide health services on an outpatient basis.

A. Provider Eligibility Requirements

Each independent clinic must be individually approved by the Guam Medicaid Program as a provider before it will be reimbursed for services rendered to Medicaid patients.

B. Benefit Limitations

Approved clinics may, to the extent of their specialty, provide only medically necessary services which are covered under Medicaid.

10. Dental Services

A. Provider Eligibility Requirements

Any dentist licensed to practice dentistry on Guam, who agrees to policies, regulations, and procedures as promulgated by the Guam Medicaid Program, and signs a provider agreement, is eligible to participate in the Dental Care aspects of the Guam Medicaid Program.

B. Benefit Limitations

Covered Services

1. Dental services necessary for relief of pain and infection.
2. Restoration of teeth and maintenance of dental health.
3. Orthodontia for only the medically necessary situations.
  - a. Orthodontia related to post maxillo - facial intervention when the condition is caused by trauma, the treatment shall be limited to

stabilization and movement only to accommodate prosthesis.

- b. Orthodontia for movement of teeth to accommodate post cleft palate treatment. The treatment shall be limited to those procedures necessary for the retention of prosthesis for swallowing, breathing and mastication.

C. Procedures

Initial dental care will be provided by the Dental Clinic of the Department of Public Health and Social Services. If necessary dental services, which are within the above Medicaid coverage cannot be provided by the staff of the Public Health Dental Clinic, referrals with specific diagnosis and recommended treatment should be made to private providers and a prior authorization must be obtained from the Medicaid Office. A copy of the prior authorization must be attached to the claim when billing Medicaid.

In case the diagnosis made by the private provider is different from that of the Public Health Dentist, a verification of diagnosis is needed from the Public Health Dental Clinic before any prior authorization can